

Public Protection Cabinet Department of Housing, Buildings and Construction Division of Fire Prevention Hazardous Materials Section 500 Mero St 1st FL NW Frankfort, Kentucky 40601

Telephone: (502) 573-1702 Fax: (502) 573-1695

Application to Change Company for Certified Underground Petroleum Storage Tank (UPST) Contractor

1.	Name of Certified UPST Contractor:			
	City:	County:	State:	Zip:
	Telephone #: Social Security Number: Date of Birth:			Date of Birth:
	UPST Contractor Certification N	Number:	Expiration Date:	
2.	Company Name:			
	Address:			
	City:	County:	State:	Zip:
	Business Owner's Telephone #: Business Owner's Fax #:			
	Email Address:			
3.	A certificate of insurance from an authorized insurance carrier must be received before a license can be issued or renewed Insurance coverage must be a minimum of \$500,000. The certificate holder shall be listed as: Division of Fire Prevention Attn: Hazardous Materials Section, 101 Sea Hero Rd Suite 100, Frankfort Kentucky 40601-5405. NOTE: Insurance declaration or insurance binders are not accepted. Expiration date of certificate of insurance:			
4.	Proof of pollution coverage in the minimum coverage of \$25,000 must be submitted. Acceptable forms of pollution coverage is a certificate of insurance from an authorized insurance carrier, surety bond from a Kentucky authorized company or an irrevocable letter of credit from an FDIC Kentucky Domicile Bank.			
	Expiration date of pollution coverage:			
	Type of pollution coverage: ☐ Certificate of Insurance ☐ Surety Bond ☐ Irrevocable Letter of Credit			
Mail c	completed application, certificate	of insurance and polluti Division of Fir Hazardous Mat 101 Sea Hero R Frankfort, Kentu	e Prevention verials Section oad, Suite 100	ss:
All inf	Cormation on this application is a	ccurate and true to my k	mowledge.	
Date:	Signature:		Title:	

